

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:

Jonathan Mark Flanary

DEBTOR.

CASE NO: 23-01322-eg

CHAPTER 13

STATEMENT OF CHANGE

The debtor in the above-captioned case hereby amends Schedules I and J by substituting the attached amended schedules for those originally filed pursuant to Fed. R. Bankr. P. 1009. Schedules I and J are amended to include the debtor's detailed business income and expense breakdown for Sadie's Fabric Empire and Luxury Flooring, LLC which were inadvertently omitted from the original schedules.

Date:

6/7/23


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Debtor 1 Jonathan Mark Flanary Case number (if known) 23-01322
First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$ 0.00	\$
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$
5e. Insurance	5e. \$ 0.00	\$
5f. Domestic support obligations	5f. \$ 0.00	\$
5g. Union dues	5g. \$ 0.00	\$
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$
	\$	\$
	\$	\$
	\$	\$
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 3,423.47	\$
8b. Interest and dividends	8b. \$ 0.00	\$
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$
8d. Unemployment compensation	8d. \$ 0.00	\$
8e. Social Security	8e. \$ 0.00	\$
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$
8g. Pension or retirement income	8g. \$ 0.00	\$
8h. Other monthly income. Specify: Contributions from family	8h. + \$ 6,000.00	+ \$
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 9,423.47	\$
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 9,423.47	\$ 9,423.47
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies		12. \$ 9,423.47 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. Mr. Flanary's father will supplement his son's living expenses until Luxury Flooring, LLC & Sadie's Fabric <input type="checkbox"/> Yes. Explain: Empire generate enough income to support his expenses. The income listed for Luxury Flooring is based upon April 2023 earnings. The debtor does not anticipate an increase or decrease in his income of 10% or		

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Debtor 1 Jonathan Mark Flanary 23-01322
Case number (if known)

First Name	Middle Name	Last Name
Jonathan	Mark	Flanary

Continuation Sheet for Official Form 106I

1. Describe Employment:

Debtor: Jonathan Mark Flanary

Occupation: Owner

Name of Employer: Sadie's Fabric Empire

Employer's Address:

Length of Employment: 6 Years

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Fill in this information to identify your case:

Debtor 1 Jonathan Mark Flanary
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina (State)

Case number 23-01322
 (If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:
- MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Son</u>	<u>10</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<u>Daughter</u>	<u>8</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4.	\$	<u>0.00</u>
4a.	\$	<u>0.00</u>
4b.	\$	<u>0.00</u>
4c.	\$	<u>75.00</u>
4d.	\$	<u>0.00</u>

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Debtor 1 Jonathan Mark Flanary
First Name Middle Name Last Name

Case number (if known) 23-01322

Your expenses

- | | |
|--|------------------------|
| 5. Additional mortgage payments for your residence , such as home equity loans | 5. \$ <u>458.43</u> |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ <u>120.00</u> |
| 6b. Water, sewer, garbage collection | 6b. \$ <u>45.00</u> |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>168.00</u> |
| 6d. Other. Specify: _____ | 6d. \$ <u>0.00</u> |
| 7. Food and housekeeping supplies | 7. \$ <u>450.00</u> |
| 8. Childcare and children's education costs | 8. \$ <u>0.00</u> |
| 9. Clothing, laundry, and dry cleaning | 9. \$ <u>120.00</u> |
| 10. Personal care products and services | 10. \$ <u>148.00</u> |
| 11. Medical and dental expenses | 11. \$ <u>234.00</u> |
| 12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments. | 12. \$ <u>370.00</u> |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>100.00</u> |
| 14. Charitable contributions and religious donations | 14. \$ <u>54.00</u> |
| 15. Insurance.
Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ <u>510.00</u> |
| 15b. Health insurance | 15b. \$ <u>0.00</u> |
| 15c. Vehicle insurance | 15c. \$ <u>100.00</u> |
| 15d. Other insurance. Specify: _____ | 15d. \$ <u>0.00</u> |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: <u>Personal Property Tax</u> | 16. \$ <u>48.11</u> |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>0.00</u> |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>0.00</u> |
| 17c. Other. Specify: _____ | 17c. \$ <u>0.00</u> |
| 17d. Other. Specify: _____ | 17d. \$ <u>0.00</u> |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ <u>3,341.00</u> |
| 19. Other payments you make to support others who do not live with you.
Specify: _____ | 19. \$ <u>0.00</u> |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ <u>0.00</u> |
| 20b. Real estate taxes | 20b. \$ <u>0.00</u> |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0.00</u> |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>0.00</u> |

Debtor 1 Jonathan Mark Flanary Case number (if known) 23-01322
First Name Middle Name Last Name

21. **Other. Specify:** Subscriptions 21. **+\$** 63.76
Rental Property Warranty **+\$** 79.99
Other Court Ordered Obligations (Children's Health and Extracurricular Activities) **+\$** 720.05

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 7,205.34

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a

22b. \$

and 22b. The result is your monthly expenses.

22c. \$ 7,205.34

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 9,423.47

23b. Copy your monthly expenses from line 22c above.

23b. **-\$** 7,205.34

23c. Subtract your monthly expenses from your monthly income.
 The result is your *monthly net income*.

23c. \$ 2,218.13

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: Mr. Flanary is seeking modification of the temporary support orders in order for a more feasible budget. The debtor does not anticipate an increase or decrease in his expenditures of 10% or more at this time.

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Luxury Flooring, LLC

United States Bankruptcy Court
South Carolina

In re: Jonathan Flanary

Case No. 23-01322

Chapter 13

Debtor(s)

BUSINESS INCOME AND EXPENSES

Gross Monthly Income	\$ 19,738.91
Business Expenses	
Cost of goods sold	13,338.48
Advertising	454.09
Car and truck expenses	0.00
Fees	118.65
Depreciation	
Employee benefits	
Insurance	0.00
Interest	
Legal and professional	0.00
Office expense	5.30
Pension and profit sharing	
Rent	1,718.04
Other leases	
Repairs	10.21
Maintenance	
Supplies	0.00
Taxes and licenses	
Travel, meals, etc	115.01
Utilities	48.87
Other Subcontractor	0.00
South State Loan	236.83
Allision Flanary's share	1,846.72
Total Expenses	\$ 17,892.20
Net Monthly Income	\$ 1,846.71

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Sadie's Fabric Empire, LLC

United States Bankruptcy Court
South Carolina

In re: Jonathan Flanary

Case No. 23-01322

Chapter 13

Debtor(s)

BUSINESS INCOME AND EXPENSES

Gross Monthly Income	\$ 6,272.95
Business Expenses	
Cost of goods sold	1,293.30
Advertising	
Car and truck expenses	
Fees	
Depreciation	
Employee benefits	
Insurance	
Interest	
Legal and professional	
Office expense	
Pension and profit sharing	
Rent	
Other leases	
Repairs	
Maintenance	
Supplies	
Taxes and licenses	
Travel, meals, etc	
Utilities	
Other Commission Paid	1,411.36
eBay Fees	2,158.35
Allision Flanary's share	704.97
Total Expenses	\$ 5,567.98
Net Monthly Income	\$ 704.97

Fill in this information to identify your case:

Debtor 1 Jonathan Mark Flanary
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the District of South Carolina

Case number 23-01322
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

Signature of Debtor 1

Date

MM / DD / YYYY

X

Signature of Debtor 2

Date

MM / DD / YYYY

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:)	
)	CASE NO: 23-01322-eg
Jonathan Mark Flanary)	
)	CHAPTER 13
DEBTOR.)	
_____)	


CERTIFICATE OF SERVICE

I hereby certify that a copy of the within Amended Schedules I and J were duly served electronically upon the parties named below through CM/ECF pursuant to Operating Order 04-11, on this date.

ELECTRONICALLY

James M. Wyman
Chapter 13 Trustee
PO Box 997
Mt. Pleasant, SC 29465-0997

Date: 6/7/2023


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